

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Fresenius Medical Care			Date of This Filing <u>02/26/2020</u>	Date Stamp Page 1 of 3	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER (707)246-2773	I.D. NUMBER (if applicable) 1397797	Report No. <u>3/3/20-7</u>			
STREET ADDRESS 					
CITY Sacramento	STATE CA	ZIP CODE 95814	<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
			No. of Pages <u>3</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Fresenius Medical Care			Date of This Filing <u>02/26/2020</u> Report No. <u>3/3/20-7</u> <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> No. of Pages <u>3</u>	Date Stamp Page 2 of 3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (707)246-2773	I.D. NUMBER (if applicable) 1397797				
STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 95814			

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
02/26/2020	Friends of Frank Bigelow for Assembly 2020 Sacramento, CA 95814 ID# 1414525	Frank Bigelow State Assembly District 05 Jurisdiction: State Assembly District	\$1,700.00	03/03/2020
02/26/2020	Friends of Frank Bigelow for Assembly 2020 Sacramento, CA 95814 ID# 1414525	Frank Bigelow State Assembly District 05 Jurisdiction: State Assembly District	\$4,700.00	03/03/2020
02/26/2020	Megan Dahle for Assembly 2020 Hilmar, CA 95324 ID# 1419119	Megan Dahle State Assembly District 01 Jurisdiction: State Assembly District	\$4,700.00	03/03/2020
02/26/2020	Megan Dahle for Assembly 2020 Hilmar, CA 95324 ID# 1419119	Megan Dahle State Assembly District 01 Jurisdiction: State Assembly District	\$4,700.00	03/03/2020

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Fresenius Medical Care			Date of This Filing <u>02/26/2020</u> Report No. <u>3/3/20-7</u> <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> No. of Pages <u>3</u>	Date Stamp Page 3 of 3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (707)246-2773	I.D. NUMBER (if applicable) 1397797				
STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 95814			

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
02/26/2020	James Gallagher for Assembly 2020 Sacramento, CA 95814 ID# 1414703	James Gallagher State Assembly District 03 Jurisdiction: State Assembly District	\$2,400.00	03/03/2020
02/26/2020	Kevin Mc Carty for Assembly 2020 Sacramento, CA 95814 ID# 1414627	Kevin McCarty State Assembly District 07 Jurisdiction: State Assembly District	\$2,000.00	03/03/2020
02/26/2020	Jim Patterson for Assembly 2020 Fresno, CA 93721 ID# 1414590	Jim Patterson State Assembly District 23 Jurisdiction: State Assembly District	\$700.00	03/03/2020
02/26/2020	Jim Patterson for Assembly 2020 Fresno, CA 93721 ID# 1414590	Jim Patterson State Assembly District 23 Jurisdiction: State Assembly District	\$4,700.00	03/03/2020

Reason for Amendment: